PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mall Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 minis 2731

			or <u>Fax</u> (5	71)-273-2885	,1111a 22	2313-1430	
INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifical	form should be used correspondence includi- d below or directed of tions	for transmitting the ISS ng the Patent, advance of herwise in Block I, by (UE FEE and PUBLICA orders and notification of a) specifying a new con	TION FEE (if requirements of the control of the con	nired). B will be r ;; and/or	locks 1 through 5 sh nailed to the current (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
38791	7590 09/2				of Malling or Transi	mission	
CIRA CENTRE 2929 ARCH STI	REET .	l I St ad trs	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an enveloped addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
PHILADELPHIA, PA 19104-2891			Γ	(Depositor's name			(Depositor's name)
				(Signature)			
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	IR .	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.
10/730,951	10/730,951 12/09/2003		Lee Dalton Jennings		AM100636 3667		
TITLE OF INVENTION PLASMINOGEN ACTIV			LKYL IH-INDOL-I-YL	ACETIC ACID	DERIVA	ATIVES AS INHIBIT	ORS OF
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	12/21/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS]			•
COPPINS, JANET L		1626	514-412000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.56). Change of correspondence address (or Change of Correspondence Address form PTOSB 1/2) attached. "Fee Address" indication (or "Fee Address" Indication form PTOSB 1/2; Rev 03-02 or more recent) attached. Use of a Customer Number Is required.			(1) the names of up or agents OR, alterna (2) the name of a sin registered attorney or	a single firm (having as a member a 2 ey or agent) and the names of up to at attorneys or agents. If no name is			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFK 3.11. Completion of this form is 70 or substitute for filing an assignment. (A) NAME OF ASSIGNEE							
. Wyeth Madison, NJ Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
4a, The following fec(s) a √ Issue Fee √ Publication Fee (N ☐ Advance Order - #	o small entity discount p	D. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby suthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number, 101-1425 (enclose an extra copy of this form).					
5. Change In Entity Stat			b. Applicant is no lo				n 1 22(-)(2)
NOTE: The Issue Fee and	s SMALL ENTITY state 1 Publication Fee (if requested states)	uired) will not be accepte	ed from anyone other than	the applicant; a reg	istered at	tiorney or agent; or the	e assignee or other party in
Authorized Signature	Mah	. 4 /		Date	eer	mber 20	
Typed or printed name		\mathcal{J}		Registration ?	_{io.} 48	,922	
This collection of informs an application. Confident	ation is required by 37 C islity is governed by 35	CFR 1.311. The informati U.S.C. 122 and 37 CFR	on is required to obtain or 1.14. This collection is e				by the USPTO to process) gathering, preparing, and ie you require to complete

s) nd submitting the completed application form to the LISPTO. Time will ware depending upon the individual case. Any comments on the mount of time your require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Penet and redemant Office. U.S. Penet and experience of Commerce, 7.0 Box 1450, Alexandria, Virginia 2313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patenta, P.O. Box 1450, Alexandria, Virginia 2313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.